

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2	1		1				
3	1		1				
4	1		1				
5	4		1				
6	1		1				
7	1		1				
8	1		1				
9	1		1				
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48							
49							
50							
TOTAL IND.			1				
TOTAL DEP.			42				
TOTAL CLAIMS			43				

	*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS